REMARKS

In the Office Action, claims 23-29, 32, 33, and 36-64 were rejected on various grounds. In this Response, Applicants have canceled claims 23-29, 32, 33, and 36-64 and added new claims 65-73. Consequently, the rejections of claims 23-29, 32, 33, and 36-64 are now moot. However, Applicants explain below why new claims 65-73 are patentable over the cited references (U.S. Pat. No. 6,177,940, to Bond et al., and U.S. Pat. No. 6,149,585, to Gray).

As previously discussed, Bond discloses a report generation system for conducting statistical analysis of individual data against group data. See column 1, lines 5-11 and column 4, lines 46-53. As explained at column 17, lines 34-50, the system includes menu-driven displays for presenting a static series of questions to the user. For example, Fig. 16 of Bond discloses an interview question for which the response thereto leads to a specific set of questions. At column 17, lines 51-67, Bond discloses serial presentation of questions to a patient.

But Bond does not teach providing exploratory questions to survey selected topics, wherein those exploratory questions ask about groups of related items, such as breathing symptoms, and about a time frame of relevance to the patient and patient importance of a topic. Nor does Bond teach selecting and rephrasing subsequent questions based on a patient's responses to questions regarding time frame and importance. Neither does Gray.

Moreover, Bond does not teach how to conduct an effective and efficient interview that surveys all symptoms and identifies issues of most importance to the

patient, so that subsequent questions can be pruned to focus on these relevant issues. Bond simply gets presence or absence of symptoms, but does not address current vs. past symptoms and unimportant vs. most important.

Further, Bond focuses only on topics selected by the clinician. Bond's method starts with a "configuration" selected by the clinician to pursue known symptoms. Bond does not teach how to assess symptoms where they are unknown at the outset. If Bond's method began with the patient responding to "configuration" selections in Fig. 16, it would run the risk of either being too lengthy, due to the lack of an efficient topic screening mechanism, or the patient not knowing what would be encompassed under each of the menu topics (and thus missing the opportunity to collect potentially necessary information for patient care).

Bond does not teach dynamic configuration of interviews, and thus does not provide the ability to dynamically control the interview using the interplay of pre-selected configuration data, patient responses, and medical logic, the goal being to limit in-depth questions about characterization details to symptoms that are of most importance to the patient or are of medical relevance. This approach keeps an interview as short and relevant as possible for a patient.

In view of the foregoing amendments and remarks, Applicants respectfully request reconsideration and the timely allowance of all pending claims.

No fees (other than the extension fee authorized above and the RCE fee) are believed due with this Response. However, if any other fees are due, please charge such fee to Deposit Account 50-0310.
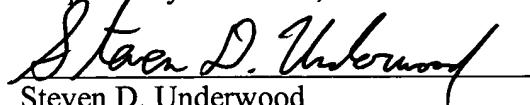
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